

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | |
|---|-----------------------------------|---|-------------------------------------|-----------|
| 1. Date of Request: _____ | | 2. Serial/Patent # 10/518487 | | |
| 3. Please refund the following fee(s): | | 4. PAPER NUMBER | 5. DATE FILED | 6. AMOUNT |
| <input type="checkbox"/> | Filing | | | \$ |
| <input type="checkbox"/> | Amendment | | | \$ |
| <input type="checkbox"/> | Extension of Time | | | \$ |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | | \$ |
| <input type="checkbox"/> | Petition | | | \$ |
| <input type="checkbox"/> | Issue | | | \$ |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | | \$ |
| <input type="checkbox"/> | Maintenance | | | \$ |
| <input type="checkbox"/> | Assignment | | | \$ |
| <input checked="" type="checkbox"/> | Other | | | \$ 100 |
| | | 7. TOTAL AMOUNT OF REFUND | | \$ 100 |
| 10. REASON: | | 8. TO BE REFUNDED BY: | | |
| <input checked="" type="checkbox"/> | Overpayment | Treasury Check | | |
| <input type="checkbox"/> | Duplicate Payment | Credit Deposit A/C #: | | |
| <input type="checkbox"/> | No Fee Due (Explanation): | 9. 1 5 -- 0 4 6 1 | | |
| <i>overpayment for search report.</i> | | | | |
| 11. REFUND REQUESTED BY: <u>W. Alvarado</u> | | | | |
| TYPED/PRINTED NAME: <u>W. ALVARADO</u> | | | TITLE: <u>LEGAL</u> | |
| SIGNATURE: <u>W. Alvarado</u> | | | PHONE: <u>703/308/9140 Ext. 206</u> | |
| OFFICE: _____ | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | |
| APPROVED: _____ | | | DATE: <u>05/26/05</u> | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: